MARYLAND 3641 STATE DEPARTMETT OF HEALTH 03606

CERTIFICATE OF DEATH

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH
COUNTY FREDRICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRADDOCK HTS. X
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS BRADDOCK HTS. X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRADDOCK HTS. X
STREET ADDRESS (If rural, give location) JEFFERSON BLVD.

3. NAME OF DECEASED (Type or Print) (First) HARRIET (Middle) W. (Last) AMENT

4. DATE OF DEATH (Month) APRIL (Day) 26. (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED.

8. DATE OF BIRTH JUNE-1-1899

9. AGE last birthday 54-10-25 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WRITER

10b. KIND OF BUSINESS OR INDUSTRY T.V. AND RADIO.

11. BIRTHPLACE (State or foreign country) BRADDOCK HTS. FRED. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DAVID O. WHITE

14. MOTHER'S MAIDEN NAME ELIZABETH MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY No. 492-09-7601

17. INFORMANT AND ADDRESS DAVID W. AMENT BRADDOCK HTS. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
170X	Immediate cause	(a) Carcinomatosis	1 year
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Left Breast	1 1/4 year
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Apr 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Left Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to 26 Apr, 1954, that I last saw the deceased alive on 26 Apr, 1954, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE Thomas E Stone (Degree or title) M.D. ADDRESS 4 West Third St DATE SIGNED 27 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT

DATE APRIL-29-1954

NAME OF CEMETERY OR CREMATORY BOONSBORO MAUSOLEUM

LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG. Apr 28-1954

REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR ADDRESS WM. F. BAST AND SONS BOONSBORO MD.

RECEIVED
MAY 3 1954
BUREAU V. S.

Items 8,9: film G166 5-21-54 LL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 08607

3640 **CERTIFICATE OF DEATH** Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Fred
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick 35 — LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick 35
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 N. Georgia Ave	STREET ADDRESS (If rural, give location) 105 N. Georgia Ave

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) H. (Last) Axline

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-28-1884	70 69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Lieutenant / Detachers Retired	B+O. RRCo	Virginia	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Axline	Shumaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	705-05-6824 A	Mrs Anna Axline Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
260 X Immediate cause	(a) Acute Congestive Heart Failure	6 mo
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Diabetes	20 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10/26, 1953, to 4/28, 1954, that I last saw the deceased alive on 4/28, 1954 and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ave Coyunter, M.D. — Lovettsville Va 4/29/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-1-54	Mt. Olivet	Rural Lovettsville Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 30-54	Kathryn H. Brown	C. H. Feete & Bro	Brunswick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3642 2411 N. Charles Street, Baltimore 03608

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, | LENGTH OF STAY (In this place) 862 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland.
STREET ADDRESS (If rural, give location) Rt. 3, Valley Road

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Bennett
4. DATE OF DEATH: (Month) 4/ (Day) 16/ (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH: 3/13/1918
9. AGE last birthday: 36 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Truck driver
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Bennett
14. MOTHER'S MAIDEN NAME: Elizabeth Eschenbacher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-18-1460
17. INFORMANT AND ADDRESS: Mrs. Katherine Bennett, wife, Valley Road, Cumberland, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 002X Pulmonary tuberculosis — 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6/, 1951 to 4/16/1954, that I last saw the deceased alive on 4/16/, 1954 and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE J. B. Lyon, M.D. (Degree or title) ADDRESS State Sanatorium, Maryland. DATE SIGNED 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 4-19-54 | NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery | LOCATION (City, town, or county) Cumberland | (State) Md.

DATE REC'D BY LOCAL REG. 4/19/54 | REGISTRAR'S SIGNATURE J. B. Lyon

24. FUNERAL DIRECTOR ADDRESS George Funeral Home, Cumberland, Md.

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3643 **CERTIFICATE OF DEATH** 03609

Reg. Dist. No. 134

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg | LENGTH OF STAY (in this place) 13 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS South Seton AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg.

STREET ADDRESS (If rural give location) South Seton AVE.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
WILLIAM HENERY BOLLINGER	APRIL 4 1954	MALE	WHITE	MARRIED	MARCH 28 1873	81 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
RET. FARMER	OWN FARM	MT JOY, TWP. PA.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John P. BOLLINGER	SARAH E. WOLFORD

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
3 NO	220-18-3190	Allen E Bollinger Taneytown MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cerebral hemorhage — Interval Between Onset And Death 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension and Vascular disease several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 19..., to April 4, 19 54, that I last saw the deceased alive on April 4, 19 54, and that death occurred at 5 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. R. Cadle M D ADDRESS Emmitsburg Md DATE SIGNED 4-5-54.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	APRIL 7 1954	MT VIEW	EMMITSBURG, MD.

DATE REC'D BY LOCAL REGISTRAR April 7 = REGISTRAR'S SIGNATURE M. F. Shuff

24. FUNERAL DIRECTOR ADDRESS L. L. Ahlsen EMMITSBURG, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3644

03610

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick-Rural X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick 11
STREET ADDRESS (If rural, give location): 167 W. All Saint St.

3. NAME OF DECEASED (Type or Print) (First): James (Middle): Lloyd (Last): Brown

4. DATE OF DEATH (Month): April (Day): 27 (Year): 1954

5. SEX: Male
6. COLOR OR RACE: Color
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Widower
8. DATE OF BIRTH: 1-22-1898
9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Garage Attendent
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Alfred Brown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cebreal hemorrhage — 3-1-54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia — 4-24-54

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1954, to 4-27, 1954, that I last saw the deceased alive on 4-27-54, 19....., and that death occurred at 11:08A m., from the causes and on the date stated above.

SIGNATURE: H. Stresher (Degree or title) ADDRESS: Frederick Maryland DATE SIGNED:

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial
DATE: May 1-54
NAME OF CEMETERY OR ~~CREMATORY~~: Fairview
LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG.: 30 April 1954
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR: Charles E. Hicks III
ADDRESS: Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1954
BUREAU, U. S.

Item 18 Film G167B 6/24/54 ams

03611

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3613

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Massachusetts COUNTY Suffolk
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Boston
STREET ADDRESS (If rural give location) 99 Bay State Road ✓

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) B (Last) CARPENTER

4. DATE OF DEATH: (Month) April (Day) 7, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: Oct. 12. 1935

9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Hood College

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr. Victor H. Carpenter

14. MOTHER'S MAIDEN NAME: Pauline Eames

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 99 Bay State Road, Mrs. Pauline E. Carpenter, Boston, Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Purulent Meningitis (type undetermined) — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (No growth on culture. Patient had had penicillin)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: None 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ✓ No

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1954, to April 7, 1954, that I last saw the deceased alive on April 7, 1954, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE A. A. Pearre (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 4/8/1954

23. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) Removal DATE THEREOF April 8, 1954 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Boston, Mass.

DATE REC'D BY LOCAL REGISTRAR 8 April 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03612

3645 **CERTIFICATE OF DEATH** Reg. Dist. No. 141

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Petersville X
LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Petersville X
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) Francis (Last) Clarke

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-12-1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Brakeman
10b. KIND OF BUSINESS OR INDUSTRY: B+O. R.R. Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Clarke
14. MOTHER'S MAIDEN NAME: Annie Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 705-05-7915
17. INFORMANT & ADDRESS: Mrs. Nina Snoots Clarke Route 1 Knoxville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 45 min.

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14, 1954, to 4/8, 1954 that I last saw the deceased alive on 4/8, 1954, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] M.D. Lovettsville Va 4/9/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-12-1954
NAME OF CEMETERY OR CREMATORY Mount Olivet
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 4-9-54
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C. H. Feete + Bro ADDRESS Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03613

3614 CERTIFICATE OF DEATH Reg. Dist. No. 13

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) FREDERICK 11
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Monty.
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boyds R.F.D. 15
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) BERTHA (Middle) M (Last) COLE
4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): MARRIED
8. DATE OF BIRTH: 3-25-13
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLES F ODEN
14. MOTHER'S MAIDEN NAME: LENA M BALLENGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Thomas Cole, Boyds - R.F.D. Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
410 X Immediate cause	(a) Congestive heart failure	24 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Rheumatic heart disease with mitral stenosis and insufficiency.	6 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral bronchopneumonia		10 days

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 1954, to 4/13, 1954, that I last saw the deceased alive on 4/13, 1954, and that death occurred at 3.15 AM., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry V. Chase M.D. 4 E. Church St. Frederick 4/13/54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Buried April 16-1954 Monocacy Beallsville, Maryland
DATE REC'D BY LOCAL REGISTRAR 14 April 1954
REGISTRAR'S SIGNATURE Elizabeth G. Fech.
24. FUNERAL DIRECTOR ADDRESS
William B. Hilton, Barnesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 15 1954
BU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 03614

CERTIFICATE OF DEATH

3615

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) Frederick Rural R.F.D.#5, Shookstown

3. NAME OF DECEASED: (Type or Print) (First) NANNIE (Middle) ELIZABETH (Last) CRIST

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: February 3, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Bell

14. MOTHER'S MAIDEN NAME: Dolly Maine

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Taylor U. Crist, Frederick R.F.D.#5, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 421.1 Aortic Stenosis — Interval Between Onset And Death: 5 yrs +

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Angina — 2 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1945, to April 30, 1954, that I last saw the deceased alive on April 30, 1954, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B O Thomas M. D. Frederick, Maryland 5/3/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 3, 1954

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 3 May 1954

REGISTRAR'S SIGNATURE Elizabeth L. Heck.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4
BUREAU V. S.

MARYLAND

3646

03615

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Midway
LENGTH OF STAY (In this place): 8 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Midway
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Liggett (Last) Daugherty

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 22 1904

9. AGE Last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marchant

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Frank Daugherty

14. MOTHER'S MAIDEN NAME: Minnie E. Craver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 216-07-6274

17. INFORMANT AND ADDRESS: Mrs. Mildred Daugherty, New Midway Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

144X Immediate cause (a) Cancer of the mouth — INTERVAL BETWEEN ONSET AND DEATH: 16 Mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) None (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 1953 to Apr. 22, 1954, that I last saw the deceased alive on Apr. 22, 1954 and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE James K. Grey (Degree or title) M.D. ADDRESS Thurmont Md. DATE SIGNED Apr. 24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Apr 25 1954 — NAME OF CEMETERY OR CREMATORY: Haughs Cemetery — LOCATION (City, town, or county) (State): Near Ladiesburg Md

DATE REC'D BY LOCAL REG. 4/24/54 — REGISTRAR'S SIGNATURE: L C Powell

24. FUNERAL DIRECTOR — ADDRESS: M. L. Creager & Son Thurmont, Md

MARGIN RESERVED FOR BINDING

RECEIVED
APR 27 1954
BUREAU V. S.

Film#G165 Item# 2 4/27/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3617

CERTIFICATE OF DEATH

03619

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town): Frederick

LENGTH OF STAY (in this place): 20 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: I.O.O.F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Baltimore

STREET ADDRESS (If rural give location): 4412 Groveland Ave.

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) ISABELL (Last) FINNEGAN

4. DATE OF DEATH: (Month) April (Day) 20, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widow

8. DATE OF BIRTH: July 17, 1867

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Lawson Downey

14. MOTHER'S MAIDEN NAME: Elizabeth Myers

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No: None

17. INFORMANT & ADDRESS: I.O.O.F. Home Records, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary occlusion — Interval Between Onset And Death: 48 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteria sclerosis — 10 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-19 54, to 4-20-19 54, that I last saw the deceased alive on 4-19-19 54 and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. M. Smith M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 4/20/1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial — DATE THEREOF: Apr. 22, 1954 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Laurel, Maryland

DATE REC'D BY LOCAL REGISTRAR: 21 April 1954 — REGISTRAR'S SIGNATURE: Elizabeth S. Heck

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND 3649

03620

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont X
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) W. (Last) Freeze

4. DATE OF DEATH (Month) April (Day) 26 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Mch. 8th. 1883

9. AGE last birthday 71 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber

10b. KIND OF BUSINESS OR INDUSTRY Own Business

11. BIRTHPLACE (State or foreign country) Thurmont. Fredk Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. H. Freeze

14. MOTHER'S MAIDEN NAME Joanne Diehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS John Freeze Thurmont. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, Coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) Cerebral Hemorrhage - residuals of - old — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 26-54, 1954 to Apr. 26, 1954, that I last saw the deceased alive on Apr. 26, 1954 and that death occurred at 9;30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) James K. Gray M.D. ADDRESS Thurmont-Md- DATE SIGNED 4/27/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Apr. 29. 1954 NAME OF CEMETERY OR CREMATORY Blue Ridge Cem. LOCATION (City, town, or county) Thurmont. (State) Md.

DATE REC'D BY LOCAL REG. Apr. 28 1954 REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR ADDRESS M. L. Creager & Son. Thurmont. MD

RECEIVED
APR 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03618

3648 CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Emmitsburg, X
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emmitsburg, R.D. # 1 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Emmitsburg, Md. X
STREET ADDRESS (If rural give location) Emmitsburg, R.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Cleveland (Last) Eyler
4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Feb. 4, 1883
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: General Labor
11. BIRTHPLACE (State or foreign country): Emmitsburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Eyler
14. MOTHER'S MAIDEN NAME: Margaret S. Eyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-05-0509
17. INFORMANT & ADDRESS: Mrs Charles A Wolf R.D. # 1 Emmitsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary occlusion	5 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive cardiovascular disease	3 years
	DUE TO (c) Malnutrition	2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1953, to April, 1954, that I last saw the deceased alive on April 11, 1954, and that death occurred at 12:05 PM from the causes and on the date stated above.
SIGNATURE Charles R Williams (Degree or title) M.D. ADDRESS Emmitsburg, Md. DATE SIGNED April 14, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 17, 54
NAME OF CEMETERY OR CREMATORY Mt. View
LOCATION (City, town, or county) (State) Emmitsburg, Frederick Md.
DATE REC'D BY LOCAL REGISTRAR April 16-1954
REGISTRAR'S SIGNATURE M. F. Sheff
24. FUNERAL DIRECTOR S. L. Allison ADDRESS Emmitsburg, Md.
S. L. Allison

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 0 1951
BUREAU V. S.

Film#G165 Item# 2 4/27/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3617 CERTIFICATE OF DEATH 03619

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS I.O.O.F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 4412 Groveland Ave.

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) ISABELL (Last) FINNEGAN

4. DATE OF DEATH: (Month) April (Day) 20, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 17, 1867

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Lawson Downey

14. MOTHER'S MAIDEN NAME: Elizabeth Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: I.O.O.F. Home Records, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 48 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteria sclerosis — 10 years

DUE TO

(c)

420.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1954, to 4-20, 1954, that I last saw the deceased alive on 4-19, 1954 and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. M. Smith M. D. Frederick, Maryland 4/20/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Apr. 22, 1954

NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery

LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REGISTRAR 21 April 1954

REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND 3649

03620

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
MARYLAND
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) W. (Last) Freeze

4. DATE OF DEATH (Month) April (Day) 26 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Mch. 8th. 1883

9. AGE last birthday 71 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber

10b. KIND OF BUSINESS OR INDUSTRY Own Business

11. BIRTHPLACE (State or foreign country) Thurmont. Fredk Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. H. Freeze

14. MOTHER'S MAIDEN NAME Joanne Diehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. no

17. INFORMANT AND ADDRESS John Freeze Thurmont. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Heart disease, Coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ....

(c) Cerebral Hemorrhage - residuals of - old — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 26-54 1954 to Apr. 26, 1954, that I last saw the deceased alive on Apr. 26, 1954 and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) James K. Gray M.D. ADDRESS Thurmont - Md — DATE SIGNED 4/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Apr. 29. 1954 — NAME OF CEMETERY OR CREMATORY Blue Ridge Cem. — LOCATION (City, town, or county) Thurmont. (State) Md.

DATE REC'D BY LOCAL REG. Apr. 28 1954 — REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR M. L. Creager & Son. ADDRESS Thurmont. MD

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APR 29 1954
BUREAU V. S.

3650

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03621 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 140

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODSBORO
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN WOODSBORO
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) MELVIN (Middle) GEORGE (Last) GILBERT

4. DATE OF DEATH (Month) APRIL (Day) 22, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 3/23/1907

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RAYMOND S. GILBERT

14. MOTHER'S MAIDEN NAME: ESTA M. EYLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-16-1145

17. INFORMANT & ADDRESS: FATHER - SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) SHOTGUN WOUND OF CHEST & ABDOMEN — Interval Between Onset and Death: INST.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY HOME

21c. (City or town) WOODSBORO- (County) FREDERICK (State) MD.

21d. TIME OF INJURY (Month) 4- (Day) 22- (Year) 1954 (Hour) 9:30 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? SHOT SELF WITH 12GA. SHOTGUN

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Jurie, M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4/24/54

NAME OF CEMETERY OR ~~CREMATORY~~ Mt. Hope

LOCATION (City, town, or county) (State) Woodsboro Md.

DATE REC'D BY LOCAL REG. 4/23/54

REGISTRAR'S SIGNATURE L C Rouzer

24. FUNERAL DIRECTOR ADDRESS J. E. Barton, Walkersville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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APR 27 1954
BUREAU V. S.

Item 12: film G166 - 5-27-54 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03622

3618

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
LENGTH OF STAY (in this place) Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY Lenoir
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Kinston
STREET ADDRESS (If rural give location) 109 West Lenoir Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) MORRIS (Last) GLICK

4. DATE OF DEATH: (Month) April (Day) 20, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widower
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 68? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY? ~~USA~~ Unknown

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Charles A. Glick, 603 Biggs Avenue, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.2

Immediate cause (a) Mesenteric Artery Thrombosis — Interval Between Onset And Death: 3 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery occlusion — 3 months

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [XX] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1954, to April 20, 1954, that I last saw the deceased alive on April 20, 1954, and that death occurred at 12:20 P.M. from the causes and on the date stated above.

SIGNATURE Bernard O. Thomas (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 4/21/1954

23. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) Removal
DATE THEREOF Apr. 21, 1954
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Kinston, North Carolina
DATE REC'D BY LOCAL REGISTRAR April 21, 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03623

3651 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson X
LENGTH OF STAY (in this place) 7 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Post Office Box X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson X
STREET ADDRESS (If rural give location) Post Office Box

3. NAME OF DECEASED: (Type or Print) (First) DELLA (Middle) BELL (Last) GRIMES

4. DATE OF DEATH: (Month) April (Day) 1, 19 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, [redacted] (Specify): Widow

8. DATE OF BIRTH: Jan. 7, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Eyler

14. MOTHER'S MAIDEN NAME: Alice Gall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Thomas C. Grimes, Dickerson, P. O. Box, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval Between Onset And Death: 10 years.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒X

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1953, to April 1, 1954, that I last saw the deceased alive on March 31, 1954, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

SIGNATURE James V. Kerr (Degree or title) M. D. ADDRESS Damascus, Maryland DATE SIGNED 4/2/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Apr. 3, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 3 April 1954 REGISTRAR'S SIGNATURE Elizabeth B. Heck. 24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V.

3619

03624

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Enroute to/Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits write RURAL and give nearest town) Frederick -Rural R.F.D. #2

STREET ADDRESS (If rural, give location) Near Urbana

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HENRY (Last) HARMON

4. DATE OF DEATH (Month) APRIL (Day) 22, (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: Jan. 25, 1919

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles R. Harmon

14. MOTHER'S MAIDEN NAME: Catherine S. Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W W 2

16. SOCIAL SECURITY NO.: 223-22-0979

17. INFORMANT & ADDRESS: Charles R. Harmon, Frederick, R.F.D. #2, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (Final disease or condition resulting in death)	(a) HEMORRHAGE AND SHOCK	30'
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO GUN SHOT WOUND OF ABDOMEN	30'
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY FARM

21c. (City or town) NEAR FREDERICK - (County) FREDERICK - (State) MD.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) APRIL 22, 1954 3:50 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? SHOT WITH 22 CAL. RIFLE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE Robert J. Jarvis, M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Apr. 26, 1954

NAME OF CEMETERY OR CREMATORY Frederick Memorial Park

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 26 April 1954

REGISTRAR'S SIGNATURE Elizabeth L. Hesler

24. FUNERAL DIRECTOR M.R. Etchison & Son

ADDRESS Frederick, Maryland

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APR 27 1954
BUREAU V. S.

Film #G164 Item # 14 4/16/54 mf

3652

03625
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town) RURAL - FREDERICK
LENGTH OF STAY (in this place) 50 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RTE #2 - HOPE HILL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ RURAL - FREDERICK X
STREET ADDRESS (If rural, give location) RTE #2 - HOPE HILL

3. NAME OF DECEASED: (Type or Print) (First) ESTELLA (Middle) (Last) HERBERT

4. DATE OF DEATH (Month) APRIL (Day) 12 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): W W M

8. DATE OF BIRTH: JULY 7, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOMEMAKER

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ARTHUR T. HERBERT

14. MOTHER'S MAIDEN NAME: unknown DIGGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: SOMETIMES HERBERT - SAME ADDRESS.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) BRONCHOPNEUMONIA	5 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CONGESTIVE HEART FAILURE	1 YEAR
	DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE	YRS

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town, (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Durie, M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4-12-54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial

DATE THEREOF: Apr. 16, 1954

NAME OF CEMETERY OR CREMATORY: Lopeland Cemetery

LOCATION (City, town, or county) (State): Frederick, County

DATE REC'D BY LOCAL REG.: 14 April 1754

REGISTRAR'S SIGNATURE: Elizabeth S. Fisch

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland ADDRESS

RECEIVED
APR 15 1954
BUREAU

3653

03626 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) NEAR FREDERICK X
LENGTH OF STAY (In this place) 28 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROCK HILL — HOKE PLACE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN NEAR FREDERICK
STREET ADDRESS (If rural, give location) ROCK HILL — HOKE PLACE

3. NAME OF DECEASED: (First) LeRoy (Middle) (NONE) (Last) HOKE
4. DATE OF DEATH (Month) APRIL (Day) 11, (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 8, 1884
9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): BUILDER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE B. HOKE
14. MOTHER'S MAIDEN NAME: CATHERINE BROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-14-6179
17. INFORMANT & ADDRESS: WIFE - OLA VAIN HOKE - SEE ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ACUTE MYOCARDIAL INFARCTION — Interval between onset and death: 24 HRS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE — YRS.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? NONE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Irvine, M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 4-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Apr. 14, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 13 April 1954
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR M. R. Utchison & Son, Frederick, Maryland ADDRESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3654

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03627

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The form is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md. — LENGTH OF STAY (in this place) 77 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	J.	Immich	4/	7/	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	8/15/1905	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Plumber	Maryland	

13. FATHER'S NAME: Charles Immich

14. MOTHER'S MAIDEN NAME: Nellie Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Aunt: name unknown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary tuberculosis	6 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/20/54, 19....., to 4/7/54, 19....., that I last saw the deceased alive on 4/7/54, 19....., and that death occurred at 5:15 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: State Sanatorium, Maryland. — DATE SIGNED: 4/7/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	4-10-54	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
4/7/54	[signature]	J. Arthur Walters, 254 Carroll St. Takoma Park, D.C.

RECEIVED
APR 8 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03628

3620

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Six months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick //
STREET ADDRESS (If rural give location) 66 Taney Apartments

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) NETTIE (Last) JACOBS
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed
8. DATE OF BIRTH: February 11, 1890
9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William A. Staubs
14. MOTHER'S MAIDEN NAME: Annie Rech
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Robert C. Harding—236-A North Market St. Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X
Immediate cause (a) Cerebral vascular accident — Interval Between Onset And Death: 36 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized with coronary artery disease — 7 or 8 years
DUE TO (c) Diabetes mellitus. Cholelithiasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12 ,1954, to 4-26 , 1954, that I last saw the deceased alive on 4-25 , 1954, and that death occurred at 7:15 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lee R. Martin M.D. 35 E. Church St. Frederick Md 4-26-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~? (Specify) Burial
DATE THEREOF April 28, 1954
NAME OF CEMETERY OR CREMATORY Park Heights Cemetery
LOCATION (City, town, or county) (State) Brunswick, Maryland
DATE REC'D BY LOCAL REGISTRAR 26 April 1954
REGISTRAR'S SIGNATURE Elizabeth S. Keck
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son—8 East Patrick Street Frederick, Maryland

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APR 29 1954
BUREAU V. S.

Item 18 Film G166 5/14/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH

03629

3655

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md. LENGTH OF STAY (in this place) 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.	STREET ADDRESS (If rural, give location) 1739 E. Pratt Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gustav		Kemke	4/	3/	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	11/15/1882	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Retired	Maryland.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Kemke	Does not know.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No.	None	Mr. Gustav Kemke 1739 E. Pratt St., Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause (a) Carcinoma of lungs/ Pulmonary tuberculosis	7 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/24/, 1954, to 4/3/, 1954, that I last saw the deceased alive on 4/3/54, 19....., and that death occurred at 2:05 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature] M.D.		State Sanatorium, Maryland.	4/5/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	4-6-54	Schwartz's Cem.	O'Donnell St. Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/5/54	[signature]	Dippel Bros.	1800 E. Lombard St. Balto.

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APR 7 1954
BUREAU V. S.

03630

MARYLAND

3656

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; LENGTH OF STAY (In this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Ralph (Last) Lambert

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 27, 1894

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Live Stock Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): New Windsor Carroll Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marshall Lambert

14. MOTHER'S MAIDEN NAME: Laura M. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-30-9923

17. INFORMANT AND ADDRESS: Sarah E. Lambert Thurmont, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Heart disease, Myofibrosis — 6 Mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 6, 1954, to Apr. 27, 1954, that I last saw the deceased alive on Apr. 27, 1954, and that death occurred at 6;45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James K. Grayi M.D ADDRESS Thurmont Md DATE SIGNED 4/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Apr. 30 1954 NAME OF CEMETERY OR CREMATORY: Westminister Cem. LOCATION (City, town, or county) (State): Westminister MD.

DATE REC'D BY LOCAL REG. Apr. 28 1954 REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR: M. I. Creager & Son. ADDRESS: Thurmont. MD

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APR 29
BUREAU V. S.

3657

MARYLAND STATE DEPARTMENT OF HEALTH

03631

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frede
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Theadore (Last) Lawrence

4. DATE OF DEATH: (Month) April (Day) 9th. (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Sept. 13. 1882

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY: W.M.R.R.

11. BIRTHPLACE (State or foreign country): Tanneytown Fredk. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

FATHER'S NAME: Jerome Lawrence

14. MOTHER'S MAIDEN NAME: Rachael Sowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-5237

17. INFORMANT AND ADDRESS: Edith B. Lawrence Thurmont. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Prostate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to Lungs and Pelvic Bones

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —— m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1954, to April 9, 1954, that I last saw the deceased alive on April 5, 1954, and that death occurred at 11.53 A.m., from the causes and on the date stated above.

SIGNATURE: C. Austin Keare (Degree or title) M.D. ADDRESS: Frederick Md. DATE SIGNED: 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Apr. 12. 1954 | NAME OF CEMETERY OR CREMATORY: Blue Ridge Cem. | LOCATION (City, town, or county) (State): Thurmont. Fredk Co. MD

DATE REC'D BY LOCAL REG.: 12 April 1954 | REGISTRAR'S SIGNATURE: Elizabeth G. Hoke

24. FUNERAL DIRECTOR ADDRESS: M.L. Creager & Son. Thurmont MD

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APR 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 63632

3621 CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick. // LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 722 North Market Street X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick //
STREET ADDRESS (If rural give location) 722 North Market Street

3. NAME OF DECEASED: (Type or Print) (First) GROVER (Middle) CLEVELAND (Last) LEWIS
4. DATE OF DEATH: (Month) April (Day) 17, (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 25, 1891
9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: City of Frederick
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Upton Lewis
14. MOTHER'S MAIDEN NAME: Nellie Kuhn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 215-14-1862
17. INFORMANT & ADDRESS: Mrs. Grover C. Lewis, 722 North Market Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1 hr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4 ..., 19 54, to 4-17 ..., 19 54, that I last saw the deceased alive on 4-15 ., 19 54, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. G. Baumgardner M.D. Frederick, Maryland 4/19/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 20, 1954
NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery
LOCATION (City, town, or county) (State) Woodsboro, Maryland

DATE REC'D BY LOCAL REGISTRAR 20 April 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS
M. R. Etchison & Son, Frederick, Maryland

VS. A15

RECEIVED
APR 21 1954
BUREAU V. S.

03633

MARYLAND STATE DEPARTMENT OF HEALTH

3622

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) //

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights - Md. X; STREET ADDRESS (If rural, give location) Box 1

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Coe (Last) Lockwood

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-21-1904

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Herbert W. Coe

14. MOTHER'S MAIDEN NAME: Ruth Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ~~None~~ 275-22-4[illegible]

17. INFORMANT AND ADDRESS: Mr. Edwin H. Lockwood-Braddock Hgts., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Carcinoma Breast	5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Metastases: bone marrow, lymph nodes & Liver.	5 months
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to April, 1954, that I last saw the deceased alive on April 18, 1954, and that death occurred at 12:10A m., from the causes and on the date stated above.

SIGNATURE Edward L. Cline Jr. M.D. (Degree or title) ADDRESS Frederick, Md. DATE SIGNED April 19, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: 4-19-1954

NAME OF CEMETERY OR CREMATORY: J.Wm.Lee's Sons Crematory

LOCATION (City, town, or county) (State): Washington- D.C.

DATE REC'D BY LOCAL REG.: April 19 1954

REGISTRAR'S SIGNATURE: Elizabeth S. Hoch.

24. FUNERAL DIRECTOR ADDRESS: C.E.Cline and Son- Frederick- Maryland

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APR 20
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03634

3623 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 16 East Fifth Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) RAYMOND (Last) LOY
4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify): Widower
8. DATE OF BIRTH: June 13, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Yardman
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Company
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isiah N. Loy
14. MOTHER'S MAIDEN NAME: Mary Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: 214-10-1358
17. INFORMANT & ADDRESS: 16 East Fifth Street, Miss Charlotte Loy, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X Immediate cause (a) Cerebral Hemorrhage — 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — Years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31 1954 to April 4, 1954, that I last saw the deceased alive on April 3, 1954, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 4/5/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Apr. 6, 1954 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 6 April 1954 — REGISTRAR'S SIGNATURE Elizabeth L. Heck — 24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03635

3658

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Ridge Summit X
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O. Blue Ridge Summit, Pa. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Ridge Summit
STREET ADDRESS (If rural, give location) Pa.

3. NAME OF DECEASED (Type or Print): (First) Palmer (Middle) Jenkins (Last) McCloskey
4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 6, 1886
9. AGE last birthday: 67 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lt. Commander
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Lock Haven, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Franklin P. McCloskey
14. MOTHER'S MAIDEN NAME: Jennie L. Polen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I + Spanish American
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Palmer J. McCloskey, Jr. Charleroi, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to April 6, 1954, that I last saw the deceased alive on April 6, 1954, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert A. [illegible], MD Blue Ridge Summit Pa. April 6, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/9/54
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arilington, Va.

DATE REC'D BY LOCAL REG. 4/8/54
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Walter Y. Grove Waynesboro, Pa.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3624

CERTIFICATE OF DEATH

03636 Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick 11
LENGTH OF STAY (in this place): 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: I.O.O.F. Home 6

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick 1
STREET ADDRESS (If rural give location): I.O.O.F. Home

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) METO

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 19 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 17, 1875

9. AGE Last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Bakery

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Meto

14. MOTHER'S MAIDEN NAME: Carolyn Regina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: I.O.O.F. Home Records, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1 — (a) Coronary Occlusion — Interval Between Onset And Death: 1 hour.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic myocarditis. — 8 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to April 13, 1954, that I last saw the deceased alive on April 11, 1954, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

SIGNATURE: W. M. Smith (Degree or title) M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 4/14/1954

23. BURIAL, CREMATION, REMOVAL? (Specify): Burial — DATE THEREOF: April 15, 1954 — NAME OF CEMETERY OR CREMATORY: HillcCrest Cemetery — LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: 14 April 1954 — REGISTRAR'S SIGNATURE: Elizabeth S. Keck

24. FUNERAL DIRECTOR — ADDRESS: M.R. Etchison & Son, Frederick, Maryland

RECEIVED
APR 15 1954
BUREAU

03637

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3659

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middletown
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Fred.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middletown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Miller Twin I

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: 4-24-54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 10

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Paul K. Miller
14. MOTHER'S MAIDEN NAME: Olga Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Paul Miller, Middletown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0

Immediate cause (a) Probable pre-mature separation of placenta

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1954, to 4-24, 1954, that I last saw the deceased alive on —, 19—, and that death occurred at 7-40A, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. Harp ADDRESS Middletown DATE SIGNED 4-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-26-54
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Middletown, (State) Md
DATE REC'D BY LOCAL REGISTRAR 4-26-54
REGISTRAR'S SIGNATURE Marie Gladhill
24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md.

114443X26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 03638

3660

CERTIFICATE OF DEATH

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Miller Twin II

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 4-24-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS Hours — Min. 10

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Paul K. Miller

14. MOTHER'S MAIDEN NAME: Olga Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Paul Miller, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.3

Immediate cause (a) Probable (Pre-Mature Separation of Placenta DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24-, 1954, to 4-24-, 1954, that I last saw the deceased alive on —, 19—, and that death occurred at 7-40 A, from the causes and on the date stated above.

SIGNATURE J. E. Harp (Degree or title) ADDRESS Middletown DATE SIGNED 4-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-26-54

NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4-26-54

REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR ADDRESS Gladhill Co., Middletown, Md.

VS. A15

11443V260

RECEIVED
MAY 3 1954
BUREAU V

3661

03639

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN THURMONT (NEAR) LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HEMLER ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN THURMONT (NEAR)
STREET ADDRESS (If rural, give location) HEMLER ROAD

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) LOUISE (Last) MILLER

4. DATE OF DEATH (Month) APRIL (Day) 6, (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JAN. 15, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES ROBERT MILLER
14. MOTHER'S MAIDEN NAME: MARY JEAN KNOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: not
17. INFORMANT & ADDRESS: FATHER- NEAR THURMONT, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ASPIRATION ASPHYXIA — INTERVAL BETWEEN ONSET AND DEATH MINS.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State) 10

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Furie M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Apr. 7-1954
NAME OF CEMETERY OR CREMATORY St Anthony Cem
LOCATION (City, town, or county) (State) St Anthony Fred'k Co. Md

DATE REC'D BY LOCAL REG. April 7, 1954
REGISTRAR'S SIGNATURE M F Shuff
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont Md

101424 - 4 cb

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

3625

03640 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Take correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (In this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 E. Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 116 E. Church Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H (Last) Moore

4. DATE OF DEATH (Month) April (Day) 1, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify) Married

8. DATE OF BIRTH: March 1, 1865

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Dairyman, ret

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonathan Moore

14. MOTHER'S MAIDEN NAME: Katherine Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. William Moore, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
601X Immediate cause	(a)	Bronchopneumonia and Uremia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Chronic pyelonephritis	2 years
	(c)	Chronic hydronephrosis	2 years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obstructive ureteral orifices, mucosal — 2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Dunn, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-2-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial | DATE THEREOF 4-3-54 | NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | LOCATION (City, town, or county) (State) Middletown, Maryland

DATE REC'D BY LOCAL REG. 3 April 1954 | REGISTRAR'S SIGNATURE Elizabeth G. Hess

24. FUNERAL DIRECTOR Gladhill & Co. ADDRESS Middletown, Md.

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3626 **CERTIFICATE OF DEATH** Reg. Dist. No. 03641 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and forcibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Frederick — LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) John (Last) Morningstar

4. DATE OF DEATH: (Month) Apr. (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 5 1875

9. AGE Last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm day laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: George Morningstar

14. MOTHER'S MAIDEN NAME: Harriett Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Mary Morningstar Barnesville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion, Myocardial Infarct. — 6 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — 5 years
DUE TO (c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 29 Apr., 1954, that I last saw the deceased alive on 29 April 1954, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE John McSmith — (Degree or title) M.D. — ADDRESS Barnesville — DATE SIGNED 29 Apr '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/1/54 — NAME OF CEMETERY OR CREMATORY Monocacy — LOCATION (City, town, or county) Beallsville — (State) Md

DATE RECD BY LOCAL REGISTRAR 29 April 1954 — REGISTRAR'S SIGNATURE Elizabeth G Heck — **24. FUNERAL DIRECTOR** William B. Hilton — ADDRESS Barnesville, Md

RECEIVED
MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03642

3627 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) CECELIA (Last) Morningstar

4. DATE OF DEATH: (Month) 4 (Day) 9 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12-26-15
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Sewing Mch. Operator
10b. KIND OF BUSINESS OR INDUSTRY: Garment Factory
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Felix Shorb
14. MOTHER'S MAIDEN NAME: Edith Marie ~~xxxxxx~~ Meskill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 215-20-8379
17. INFORMANT & ADDRESS: Mrs John Bowman Thurmont. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

550.1

		Interval Between Onset And Death
Immediate cause	(a) Broncho-pneumonia c̄ lung abscesses & Peritonitis	1 month
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Appendicitis - acute gangrenous	1 month
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION Acute gangrenous Appendicitis c̄ Peritonitis
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10 1954, to April 9, 1954, that I last saw the deceased alive on April 9, 1954, and that death occurred at 12:50 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Frank D. Worthington ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 12 1954
NAME OF CEMETERY OR CREMATORY U.B. Cemetery
LOCATION (City, town, or county) (State) Thurmont Fredk CO. Md
DATE REC'D BY LOCAL REGISTRAR 12 April 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M.L. Creager & Son ADDRESS Thurmont. MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03643

3662 CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Point of Rocks
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Point of Rocks

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Point of Rocks
STREET ADDRESS (If rural give location) Point of Rocks

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) HENRY (Last) ODEN

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: September 14, 1893

9. AGE Last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Trackman

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Oden

14. MOTHER'S MAIDEN NAME: Mary Ricketts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-07-7656

17. INFORMANT & ADDRESS: Mr. John H. Oden--Point of Rocks, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cute Coronary Thrombosis — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1954, to April 16, 1954, that I last saw the deceased alive on April 15, 1954 and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Deane M.D. ADDRESS Frederick Md. DATE SIGNED 4/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 19, 1954 — NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery — LOCATION (City, town, or county) Point of Rocks, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 17 April 1954 — REGISTRAR'S SIGNATURE Elizabeth G. Steele.

24. FUNERAL DIRECTOR — ADDRESS C. E. Cline & Son--8 East Patrick Street Frederick, Maryland

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3663 CERTIFICATE OF DEATH

03644

Reg. Dist. No. 154

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg; LENGTH OF STAY (in this place) 41 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 West Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg; STREET ADDRESS (If rural give location) 119 West Main Street

3. NAME OF DECEASED: (First) Mary (Middle) Lambie (Last) Ohler

4. DATE OF DEATH: (Month) (Day) (Year) April 20, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 27, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pittsburgh, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Allen Lambie

14. MOTHER'S MAIDEN NAME: Hannah Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Aimee A. Smith, Blue Ridge Summit, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Coronary Occlusion — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) Arteriosclerotic cardiovascular disease — Interval Between Onset And Death: several years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from None, 19 , to , 19 , that I last saw the deceased alive on April, 19 , and that death occurred at 11 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R Williams MD — ADDRESS Emmitsburg Md. — DATE SIGNED April 21, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 23, 54 — NAME OF CEMETERY OR CREMATORY Ellis Lutheran — LOCATION (City, town, or county) (State) Emmitsburg, Frederick Co

DATE REC'D BY LOCAL REGISTRAR April 22 1954 — REGISTRAR'S SIGNATURE M. F. Shuff

24. FUNERAL DIRECTOR S. L. Allison — ADDRESS Emmitsburg, Md.

S. L. Allison

YS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03645

CERTIFICATE OF DEATH

3628 Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick // LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS I28 West All Saints St.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick //
STREET ADDRESS (If rural give location) I28 West All Saints St.

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) Francis (Last) Parker
4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~ (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Widowed	Feb. I9- I868	86 yrs.				

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: **********
11. BIRTHPLACE (State or foreign country): Upper Malbora West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Bertha Maria Ranson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Maude Smith I28 W. All Saints St. Fred. Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Congestive Heart Failure	1 month
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	2 years
	DUE TO (c) Obesity	10 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to 14 Apr, 1954, that I last saw the deceased alive on 19 Apr, 1954, and that death occurred at 8.27 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas E Shin MD 4 West Third St 22 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-22-54	Fairview	Frederick Md.

DATE REC'D BY LOCAL REGISTRAR 22 April 1954
REGISTRAR'S SIGNATURE Elizabeth G Heck.
24. FUNERAL DIRECTOR ADDRESS Charles E. Hicks III Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03646

3664 CERTIFICATE OF DEATH

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, Md, X
LENGTH OF STAY (in this place) 42 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, Md. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jess (Middle) William (Last) Poulson

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	March 18, 1912	42 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	General Labor	Emmitsburg, Frederick Co. Md.	U.S.

13. FATHER'S NAME: Charles W. Poulson

14. MOTHER'S MAIDEN NAME: Mary Dessie Whitmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes W.W. 2	218-12-7590	Mrs. Paul Eyler Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) acute congestive Heart Failure — Interval Between Onset And Death: 15 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Grand Mal Epileptic seizure — 15 min

DUE TO (c) 353.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic myocardial degeneration — 3 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1930, to April 1, 1954, that I last saw the deceased alive on April 10 1954, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. R. Cadle M.D. — ADDRESS Emmitsburg Md — DATE SIGNED 4-14-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 1, 54	Mt. View	Emmitsburg, Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR: April 14=1954 — REGISTRAR'S SIGNATURE: M. F. Sturff

24. FUNERAL DIRECTOR: L. L. Allison — ADDRESS: Emmitsburg, Md.

S. L. Allison

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131 — 03647

3629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick — LENGTH OF STAY (in this place): 1 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattstown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) NEIGHBOURS (Last) PRICE

4. DATE OF DEATH: (Month) 4 (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: 7 Dec 1885

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House-work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fleet Rayhue Neighbours

14. MOTHER'S MAIDEN NAME: Adelia Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Joe W. Price, Hyattstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Heart Disease — Interval Between Onset And Death: 13 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Coronary Thrombosis — 10 days

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13 1954, to Apr 9, 19 54, that I last saw the deceased alive on Apr 9, 1954, and that death occurred at 9:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): M F Hunter — ADDRESS: Frederick Md — DATE SIGNED: 4/10/54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial — DATE THEREOF: 12 April 1954 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12 April 1954 — REGISTRAR'S SIGNATURE: Elizabeth L. Heck

24. FUNERAL DIRECTOR: W. L. Burdette, Hyattstown, Maryland — ADDRESS

VS. A15

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03648

3630 CERTIFICATE OF DEATH Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick 11
LENGTH OF STAY (in this place) Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 24 West All Saints

3. NAME OF DECEASED: (Type or Print) (First) BRENDA (Middle) LOUISE (Last) PROCTOR
4. DATE OF DEATH: (Month) April (Day) 18, (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: July 26, 1952
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Evelyn Proctor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Evelyn Proctor, 24 West All Saints, Frederick, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: ~~Acute~~ Tuberculous Meningitis — Interval Between Onset And Death: 1 Mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Miliary tuberculosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 April, 19 54, to 18 April, 19 54, that I last saw the deceased alive on 18 April, 1954, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE John Purnell Jr. (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 4/19/1954

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF 4/20/1954
NAME OF CEMETERY OR CREMATORY Sugarland Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Maryland
DATE REC'D BY LOCAL REGISTRAR 20 April 1954
REGISTRAR'S SIGNATURE Elizabeth Gatch
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland.

VS. A15

RECEIVED
APR. 21 1954
BUREAU V. S.

03598

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3665

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md.
LENGTH OF STAY (in this place) 1823 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) 4208 Thorncliff Road

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) A. (Last) Raab
4. DATE OF DEATH (Month) 4/ (Day) 26/ (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 4/24/1892
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat cutter
10b. KIND OF BUSINESS OR INDUSTRY Meat cutter
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Raab
14. MOTHER'S MAIDEN NAME Louisa Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-01-5365
17. INFORMANT AND ADDRESS Charles A. Raab 4208 Thorncliff Road, Fullerton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5½ years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29/ 1949, to 4/26/ 1954, that I last saw the deceased alive on 4/26/ 1954, and that death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] State Sanatorium, Maryland. 4/26/54

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 4-2[illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 4/26/54.
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home, 7401 Belair Rd. Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1954
BUREAU V. S.

MARYLAND 3666

03650
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont
MARYLAND
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Catherine (Last) Riffle

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 4 1870

9. AGE last birthday: 83 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Lynn

14. MOTHER'S MAIDEN NAME: Harriette Wolford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Miss Lottie Riffle Thurmont Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary edema — Interval Between Onset and Death: 2 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic myocarditis — ?

(c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953 to April 23, 1954, that I last saw the deceased alive on April 23, 1954, and that death occurred at 3:45 A m., from the causes and on the date stated above.

SIGNATURE: M. Franklin Birely (Degree or title) M D ADDRESS: Thurmont, Md. DATE SIGNED: April 24 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Apr. 25 1954
NAME OF CEMETERY OR CREMATORY: Keysville Cemetery
LOCATION (City, town, or county) (State): Keysville Md.

DATE REC'D BY LOCAL REG.: April 25 1954
REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creager & Son ADDRESS: Thurmont Md.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 28 1
BUREAU V. S.

3667 MARYLAND STATE DEPARTMENT OF HEALTH 03651

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: FREDERICK — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FREDERICK - Rural — LENGTH OF STAY (In this place): 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: EMERGENCY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Johnsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) IRVIN (Last) Rippeon
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 8/11/1873
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Employed
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WINFIELD SCOTT RIPPEON
14. MOTHER'S MAIDEN NAME: MARGARET A. BOONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: *
17. INFORMANT AND ADDRESS: Mrs Mildred J. RIPPEON Union Bridge, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — 3 Days
420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Heart disease — 10 yrs +
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Prostatic hypertrophy with urinary retention 1 yr.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1954, to April 2, 1954, that I last saw the deceased alive on April 2, 1954, and that death occurred at 1.40 A. m., from the causes and on the date stated above.

SIGNATURE: Henry V Chase (Degree or title) M.D. ADDRESS: 4 E. Church St Frederick Md DATE SIGNED: 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/6/1954 — NAME OF CEMETERY OR CREMATORY: FAIRMOUNT — LOCATION (City, town, or county) (State): Libertytown Md

DATE REC'D BY LOCAL REG.: 5 April 1954 — REGISTRAR'S SIGNATURE: Elizabeth B. Koch.

24. FUNERAL DIRECTOR: G.C. BARTON — ADDRESS: WALKERSVILLE MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03652

3668 CERTIFICATE OF DEATH Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson-Rural R.D.#1
LENGTH OF STAY (in this place) 21 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenmerrie Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick
STREET ADDRESS (If rural give location) Rosemont

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) WEST (Last) SCHNAUFFER

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 27, 1862

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick West

14. MOTHER'S MAIDEN NAME: Ellinor McGill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No: None

17. INFORMANT & ADDRESS: Mr. L. West Schnauffer, Rosemont, Brunswick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11, 1954, to 4/16, 1954, that I last saw the deceased alive on 4/15, 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Lovettsville, Va. DATE SIGNED 4/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Apr. 19, 1954 NAME OF CEMETERY OR CREMATORY St. Marks Cemetery LOCATION (City, town, or county) (State) Frederick County, Maryland

DATE RECD BY LOCAL REGISTRAR 19 April 1954 REGISTRAR'S SIGNATURE Elizabeth G. Stark

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

RECEIVED
APR 20 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03653

5631 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
LENGTH OF STAY (in this place) 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 Grove Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 210 Grove Blvd.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) EMMA (Last) SCOTT
4. DATE OF DEATH: (Month) April (Day) 6, (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify): Widow
8. DATE OF BIRTH: Sept. 19, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Brecger
14. MOTHER'S MAIDEN NAME: Katherine Wade
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 210 Grove Blvd., Mrs. Glenn T. Swisher, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy — Interval Between Onset And Death: 5 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension and Obesity — 2 years plus

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to April 6, 1954, that I last saw the deceased alive on March 31, 1954, and that death occurred at 8:45 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Frederick, Maryland 4/6/1954

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) Removal
DATE THEREOF Apr. 7, 1954
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Morgantown, West Virginia
DATE REC'D BY LOCAL REGISTRAR 6 April 1954
REGISTRAR'S SIGNATURE Elizabeth G. Feed
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03654

3669 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown X
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ROLAND (Middle) REGINALD (Last) SIMPSON
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954
5. SEX: m
6. COLOR OR RACE: w
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): single
8. DATE OF BIRTH: 10/29/1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Semi-invalid
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Thomas W. Simpson
14. MOTHER'S MAIDEN NAME: Michael James
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Miss R. Cashour, Libertytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Pulmonary tuberculosis, far advanced (?) — Interval Between Onset And Death: 6 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary fungus disease (?) — 6 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1953, to 30 March, 1954, that I last saw the deceased alive on 29 Mar, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE Henry C. Harer Jr. (Degree or title) MD ADDRESS Walkersville, Md DATE SIGNED 1 May 1954

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Det
DATE THEREOF 5/2/54
NAME OF CEMETERY OR CREMATORY Fairmount Cem.
LOCATION (City, town, or county) Libertytown (State) Md.
DATE REC'D BY LOCAL REGISTRAR 1 May 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR D. D. Hartzler & Sons, Libertytown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3670

CERTIFICATE OF DEATH

03655 Reg. Dist. No. 81

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge X
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) BELL (Last) SINGER

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1954

5. SEX: f
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 7-1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard S. Bohn
14. MOTHER'S MAIDEN NAME: Virginia Saylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 214-32-4393
17. INFORMANT & ADDRESS: Raymond Singer, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of Intestines

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Stomach

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1953, to April, 1954, that I last saw the deceased alive on April 6, 1954 and that death occurred at 10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) H. A. Mosher M.D. ADDRESS Union Bridge DATE SIGNED April 7, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremated
DATE THEREOF 4/9/54
NAME OF CEMETERY OR CREMATORY Beaver Dam Cem.
LOCATION (City, town, or county) Frederick County (State) Md

DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE [illegible] Kepp
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS Union Bridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

RECEIVED
APR 9 19 4
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3632 **CERTIFICATE OF DEATH** 03656

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick 11
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS #2 Lincoln Apts

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) #2 Lincoln Apts.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Ellen (Last) Skinner

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Col.

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: July 26, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Hospital Maid

10b. KIND OF BUSINESS OR INDUSTRY: ~~XXXXXXXXXXXXXX~~

11. BIRTHPLACE (State or foreign country): Frederick, Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Dean

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Elsie C. Waters #2 Lincoln Apts. Fred. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Uremia

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Nephrosclerosis

DUE TO

(c) Generalized arteriosclerosis

Interval Between Onset And Death: 4 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953, to April 27, 1954, that I last saw the deceased alive on April 27, 1954, and that death occurred at 5:35 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 7 E Church St. DATE SIGNED 4/30/54

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF May 3, 1954

NAME OF CEMETERY OR ~~CREMATORY~~ Fairview

LOCATION (City, town, or county) Frederick (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 30 April 1954

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 3
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

3671

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03657

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md. X
LENGTH OF STAY (in this place) 1461 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Adrian (Last) Skirven
4. DATE OF DEATH (Month) 4/ (Day) 28/ (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9/21/1869
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener
10b. KIND OF BUSINESS OR INDUSTRY Gardener
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James A. Skirven
14. MOTHER'S MAIDEN NAME Emma Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT AND ADDRESS James Adrian Skirven State Sanatorium, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH: few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Non-specific pneumonitis — 1 month

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inactive pulmonary tuberculosis — 34 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28/, 1950, to 4/28/, 1954 that I last saw the deceased alive on 4/28/, 1954, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS State Sanatorium, Maryland. DATE SIGNED 4/28/54

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 5-1-54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 4/28/54.
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. J. Tickner & Son, North & Penna Ave. ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03658

3633

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick 11
LENGTH OF STAY (in this place) Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Three Pines Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 411 Fairview Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) CALVIN (Last) SMITH

4. DATE OF DEATH: (Month) April (Day) 5, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Sept.9,1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Stock Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles K. Smith

14. MOTHER'S MAIDEN NAME: Hester Hinkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) Non

16. SOCIAL SECURITY No.: 214-10-2764

17. INFORMANT & ADDRESS: Mrs. Geneva W. Smith, 411 Fairview Ave. Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Broncho-pneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ NO ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 5 April, 1954, that I last saw the deceased alive on 4 April, 1954, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE James B. Thomas (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 4/6/1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial DATE THEREOF Apr.8,1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 6 April 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3634 CERTIFICATE OF DEATH Reg. Dist. No. 03650 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick | LENGTH OF STAY (in this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fredeeick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 11
STREET ADDRESS (If rural give location) 22 E. Second St.

3. NAME OF DECEASED: (Type or Print) (First) STEINER (Middle) (Last) SPEAKS
4. DATE OF DEATH: (Month) April (Day) 22nd. (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 4, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Partner
10b. KIND OF BUSINESS OR INDUSTRY: Petroleum Dist.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: George W. Speaks
14. MOTHER'S MAIDEN NAME: Mary E. Sweeney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1
(If Yes, give war or dates of service) W W # 1
16. SOCIAL SECURITY NO.: 217-10-0548
17. INFORMANT & ADDRESS: 45 E. Patrick St., Ernest C. Speaks, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 163X Carcinoma of Rt Bronchus — 4 months
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Collapse of Rt Lung — 3 weeks
DUE TO
(c) Pleural metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1954, to April 22, 1954, that I last saw the deceased alive on April 22, 1954, and that death occurred at 8.25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H Laurence Fahney M. D. Frederick, Maryland 4/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/24/54
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 23 April 1954
REGISTRAR'S SIGNATURE Elizabeth Steck
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3672

CERTIFICATE OF DEATH

03660

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Walkersville
LENGTH OF STAY (in this place): 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Walkersville
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) KATHELINE (Middle) — (Last) STINE

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): S

8. DATE OF BIRTH: April 6 1954

9. AGE last birthday: yrs. — If under 1 year: Months / Days 17 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earl E. Stine

14. MOTHER'S MAIDEN NAME: Catherine Heimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Earl E. Stine, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, aspiration type	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple congenital malformations including absent glossopharyngeal nerve, syndactylism, probably anencephaly	16 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 April, 1954, to 23 Apr., 1954, that I last saw the deceased alive on 23 April, 1954, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): AAD — ADDRESS: Walkersville, Md — DATE SIGNED: 24 April 54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: 4/25/54 — NAME OF CEMETERY OR ~~CREMATORY~~: Locust Grove — LOCATION (City, town, or county): Mt. Unionville — (State): Md.

DATE REC'D BY LOCAL REG.: 24 April 1954 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR: G. C. Barton — ADDRESS: Walkersville Md

104438840V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03661

3635 CERTIFICATE OF DEATH Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~BORN~~ Frederick 11
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~BORN~~ Frederick 11
STREET ADDRESS (If rural give location) 403 South Market Street

3. NAME OF DECEASED: (First) FAIRY (Middle) BELLE (Last) STORM
4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~, (Specify): Widow
8. DATE OF BIRTH: April 28, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennis Monroe Daniels
14. MOTHER'S MAIDEN NAME: Mary Anna Sperry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 403 South Market Street, Mr. Sperry L. Storm, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bronchopneumonia	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Bronchopneumonia	5 days
	(c) DUE TO Hypertensive arteriosclerotic C.V. disease	10 years +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 19 54, to 4/12, 1954, that I last saw the deceased alive on 4/11, 19 54, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 4/12/1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF Apr. 14, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 13 April 1954
REGISTRAR'S SIGNATURE Elizabeth B. Keck
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15

RECE
APR 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03662

3636 CERTIFICATE OF DEATH Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) Lifelong
HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 West Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 126 West Church Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) MARGARET (Last) STULL

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 21, 1858

9. AGE Last birthday: 95 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David H. Kolb

14. MOTHER'S MAIDEN NAME: Mary Salter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. George D. Stull--126 West Church Street Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis Interval Between Onset And Death 4 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1920, to April 26, 1954, that I last saw the deceased alive on April 26, 1954, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) M. D. ADDRESS DATE SIGNED April 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 1, 1954

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 29 April 1954

REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son--8 East Patrick Street Frederick, Maryland

VS. A15

RECEIVED
MAY 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2637

03663

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town): Frederick 11 — LENGTH OF STAY (in this place): 36 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Thurmont X
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) W. (Last) Sweeney

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Feb. 5, 1953

9. AGE last birthday: 1 yrs. — IF UNDER 1 YEAR: Months 2 | Days | Hours | Min. — IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clifford Sweeney

14. MOTHER'S MAIDEN NAME: Virginia Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bilateral Bronchopneumonia — Interval Between Onset And Death: 96 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1954, to 2 April, 1954, that I last saw the deceased alive on 2 April, 1954, and that death occurred at 11:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): R L Guest MD — ADDRESS: 7 E. Church St. Frederick. Md. — DATE SIGNED: 2 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr 5. 1954 — NAME OF CEMETERY OR CREMATORY: Mt. Prospect Cem. — LOCATION (City, town, or county) (State): Lewistown Md.

DATE REC'D BY LOCAL REGISTRAR: 3 April 1954 — REGISTRAR'S SIGNATURE: Elizabeth G. Keefer

24. FUNERAL DIRECTOR — ADDRESS: M. L. Creager & Son Thurmont, Md.

RECEIVED
BUR... V. S.

MARYLAND

3673

CERTIFICATE OF DEATH

STATE DEPARTMENT OF HEALTH

03664

Reg. Dist. No. 13-4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Emmitsburg
MARYLAND
LENGTH OF STAY (In this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural ~~Keysville~~, Emmitsburg
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Elaine (Last) Valentine

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 6 1952

9. AGE last birthday: I yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Anna Warner Hospital Gettysburg U.S.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edgar A. Valentine

14. MOTHER'S MAIDEN NAME: Pauline V. Snook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Edgar A. Valentine Emmitsburg MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Pneumonia, lobar, right & left — Interval between onset and death: 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Bronchitis — 1 year

(c) Malnutrition — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Palsy. — since birth

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1954, to April 9, 1954, that I last saw the deceased alive on April 8, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles R Williams MD — ADDRESS: Emmitsburg Md. — DATE SIGNED: April 9 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Apr. 11 1954 — NAME OF CEMETERY OR CREMATORY: Keysville Cemetery — LOCATION (City, town, or county) (State): Carroll Keysville Fredk Co. MD

DATE REC'D BY LOCAL REG.: April 9 1954 — REGISTRAR'S SIGNATURE: M. T. Shuff

24. FUNERAL DIRECTOR AND ADDRESS: M. L. Creager & Son. Thurmont MD

RECEIVED
APR 12 1...
BUREAU V. S.

03665

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3638

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11 — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 South Market Street X	STREET ADDRESS (If rural give location) 7 South Market Street

3. NAME OF DECEASED (Type or Print)	(First) Christina	(Middle) S.	(Last) Wachter	4. DATE OF DEATH	(Month) April (Day) 4 (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single	8. DATE OF BIRTH 7-20-1872	9. AGE last birthday 81 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner retail store	10b. KIND OF BUSINESS OR INDUSTRY Millinery	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George L. Wachter		14. MOTHER'S MAIDEN NAME Catharine Brengle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 214-34-0918	17. INFORMANT Miss Florence Collier- Frederick-Md.(niece)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Hypertension heart disease — 10 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteries sclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1953, to Apr 4, 1954, that I last saw the deceased alive on Apr 3, 1954, and that death occurred at 3:30A.m., from the causes and on the date stated above.

SIGNATURE H F Kline (Degree or title) M D. ADDRESS Frederick Md DATE SIGNED [illegible]

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial	DATE 4-6-1954	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick-Maryland
DATE REC'D BY LOCAL REG. 5 April 1954	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR C.E.Cline and Son-Frederick - Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3639 **CERTIFICATE OF DEATH** 03666 Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK 11
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK 11
STREET ADDRESS (If rural give location) 19 EAST PATRICK STREET

3. NAME OF DECEASED: (Type or Print) (First) KATHRYN (Middle) (Last) WALTER
4. DATE OF DEATH: (Month) APRIL (Day) 28 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): MARRIED
8. DATE OF BIRTH: 8/22 - 49 yrs.
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: EDWARD MEASELL
14. MOTHER'S MAIDEN NAME: ANNIE ALEXANDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-26815
17. INFORMANT & ADDRESS: Reginald Walter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Acute Pulmonary edema — Interval Between Onset And Death: 8 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of the breast with

DUE TO

(c) generalized carcinomatosis — 2 Yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1954, to APRIL 28, 1954, that I last saw the deceased alive on APRIL 28, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE Henry V. Chase (Degree or title) M.D. ADDRESS 4 E. Church St. DATE SIGNED 4/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/30/54 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) Frederick Frederick (State) Md.

DATE REC'D BY LOCAL REGISTRAR 29 April 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR H. E. Carty Co. ADDRESS Frederick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03667

3674

CERTIFICATE OF DEATH

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville
LENGTH OF STAY (in this place) 85 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) C. (Last) Wetnight

4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: 5-3-1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Crops

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Wetnight

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If

(If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs John D. Wetnight Burkittsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: few

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1954 to 4/15, 1954, that I last saw the deceased alive on 4/14, 1954 and that death occurred at 3:20 P. m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) ADDRESS Brunswick Md. DATE SIGNED 4/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4-18-54 — NAME OF CEMETERY OR CREMATORY Reformed — LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REG. Apr 18 54 — REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR C. A. Fiete & Bro ADDRESS Brunswick Md.

RECEIVED
MAY 3 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3675

CERTIFICATE OF DEATH

03668

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md. | LENGTH OF STAY (In this place) X 464 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 6606 Poplar Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Richard	Douglas	Williams	4/	16/	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	5/31/1907	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Handyman	Maryland.	

13. FATHER'S NAME: Issac Williams

14. MOTHER'S MAIDEN NAME: Blanche Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mr. Richard D. Williams, 6606 Poplar Ave., Takoma Park, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause (a) Pulmonary tuberculosis	20 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/7/53 to 4/16/1954, that I last saw the deceased alive on 4/16/1954, and that death occurred at 5:05 A m., from the causes and on the date stated above.

SIGNATURE: L.W. Lyon, M.D. (Degree or title) ADDRESS: State Sanatorium, Maryland. DATE SIGNED: 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-21-54	Holy Face Church Cemetery	Great Mills, St.M.Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/19/54	L.W. Lyon	M.L. Creager & Son	Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1954
BUREAU V, S!